

Surplus Lines Agent Semi-Annual Report of Michigan Premiums and Tax

Complete each side of this report. Attach additional sheets if necessary.
All INS 270 versions of this form are obsolete and will not be accepted..

Licensee Name	Report Period (check only one, enter year)
Licensee FEIN or Social Security Number	<input type="checkbox"/> Jan. 1 to June 30, _____ Due August 15 same year
Contact person name and phone no.	<input type="checkbox"/> July 1 to Dec. 31, _____ Due February 15 of year following report year

**IMPORTANT
INSTRUCTIONS!
PLEASE READ BEFORE
COMPLETING YOUR
REPORT**

**REPORT PERIODS ARE
SEMI-ANNUAL**

Monthly reports will not be
accepted. Tax payments will
only be accepted with the
semi-annual reports.

File FIS 0269 (Report of
Transaction With an
Unauthorized Insurer not
Recognized as Eligible)
form(s) semi-annually as
attachments to this report.

**TAX CALCULATION IS DONE
ONCE PER REPORT**

Tax of 2% and a regulatory fee
of 1/2% is calculated for
aggregate total premium.

**REPORT INSURERS FROM
WHICH SURPLUS LINES
INSURANCE WAS**

PROCURED ON PAGE 2
You must report all insurance
companies including their
N.A.I.C. insurer identification
number (if applicable) and the
total amount of premiums that
were placed with each
company.

Validation code:
97-07-7175

Please make check for full amount
of Line B payable in US Dollars to:

State of Michigan

Line of Business	Line Code	Net Direct Premiums Written Enter dollars and cents-do not round off	Transaction Count
Fire	1		
Allied Lines	2.1		
Farmowners Multiple Peril	3		
Homeowners Multiple peril	4		
Commercial Multiple peril	5		
Ocean Marine	8		
Inland Marine	9		
Medical and Hospital Malpractice	11		
Earthquake	12		
Group Accident and Health	13		
Non-Group Accident and Health	15		
Workers' Compensation	16		
Other Liability	17		
Municipal or other Governmental Liability	17.1		
Liquor Liability	17.2		
Prof. Liability not Medical/Hospital Malpractice	17.4		
Products Liability	18		
Private Passenger Automobile (PIP)	19.1		
Other Private Passenger Auto Liability	19.2		
Commercial Auto No-Fault (PIP)	19.3		
Other Commercial Auto Liability	19.4		
Private Passenger Auto Physical Damage	21.1		
Commercial Auto Physical Damage	21.2		
Aircraft (all perils)	22		
Fidelity	23		
Surety	24		
Glass	25		
Burglary and Theft	26		
Boiler and Machinery	27		
Credit	28		
Other Lines (attach itemized list describing each line & amount)			
A. Total Net Direct Premiums Written			
B. 2.5% Tax/Regulatory fee due (multiply line A. by .025)			

Please complete page 2
of this report

Report of Premiums by Insurer-Complete a line for each insurer business transaction within the report period. If company has no NAIC number write N/A (not applicable) in Column 1. Report aggregate net direct premiums written for each company. Total net direct premiums written should agree with Line A. Total Net Direct Premiums Written from page 1

Insurer NAIC Number	Name of Insurer-Include country of incorporation if not USA	Net Direct Premiums Written Enter dollars and cents-do not round off	
TOTAL NET DIRECT PREMIUMS WRITTEN (amount should equal Line A. Total Net Direct Premiums Written from page 1)			

CERTIFICATION—I certify these policies were procured pursuant to Chapter 19 of the Michigan Insurance Code. To the best of my knowledge, the rates charged in these transactions were not unfairly discriminatory. The policies do not contain language which misrepresents the true nature of the policy or class of policies. The insured or the insured's representative was informed in writing before placement that the coverage was being placed with an insurer not licensed in this state and that payment of loss may not be guaranteed in the event of insolvency of the unauthorized insurer. I have not received compensation from an insurer for services for which a fee in excess of \$25.00

Signature of Licensee or Authorized Signer	Date signed	Licensee address
Signer's name and title (typed or printed)		

➔ If applicable, remember to attach FIS 0269 (Report of Transaction With an Unauthorized Insurer Not Recognized as Eligible) form(s) to this report.

Return this form with payment to:
Office of Financial and Insurance Services
PO Box 30165
Lansing MI 48909-7720

Public Act 218 or 1956 as amended requires semi-annual submission by surplus lines agents transacting business in Michigan. Failure to report properly may result in a compliance action, revocation of any Michigan insurance licenses you hold. You may become the subject of a court action to recover fees due and unpaid, and expenses to collect monies due the State of Michigan.

Visit OFIS on the Web at:
www.michigan.gov/ofis



Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.